

Case Number:	CM15-0059906		
Date Assigned:	04/17/2015	Date of Injury:	09/06/2013
Decision Date:	07/16/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/30/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Neurological Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 58 year old female who sustained an industrial injury on 09/06/2013. Diagnoses include lumbar discopathy, radiculopathy, and stenosis, right knee internal derangement, right ankle sprain/strain, and cane dependency. Treatment to date has included diagnostic studies, mediations, activity restrictions, physiotherapy, cortisone injections, and use of a cane. A physician progress note dated 03/10/2015 documents the injured worker has persistent right knee pain, swelling with effusion and medial joint line tenderness. The impression is meniscal tear, posterior horn and partial medial meniscectomy. The treatment plan is for surgery, and a right ankle brace in an attempt to treat the tendonitis of the posterior tibial and peroneal tendon. Treatment requested is for anti-inflammatory medication x6 weeks post-operatively, associated surgical service: neoprene wraparound hinged knee brace, mild muscle relaxer medication x 2 weeks post-operatively, non-narcotic pain medication x 4 weeks post-operatively, pain medication x 2 weeks post-operatively, and pre-op medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Chapter-Preoperative testing, general.

Decision rationale: The ODG guidelines do recommend preoperative investigation to stratify risk, direct anesthetic choices and guide postoperative management. They note the choices should be guided by the patient's clinical history, comorbidities and physical findings. Documentation does not indicate signs or symptoms which would mandate medical clearance. The requested treatment: Pre-op medical clearance is NOT Medically necessary and appropriate.

Associated surgical service: Neoprene wraparound hinged knee brace: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee and Leg.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee Chapter-Knee brace.

Decision rationale: The ODG guidelines reported no evidence to support a custom brace fabrication over an off the shelf model. Moreover, the guidelines noted there was no evidence that postoperative bracing after ACL reconstruction protected against reinjury, increased pain or instability. The requested treatment: Associated surgical service: Neoprene wraparound hinged knee brace is NOT Medically necessary and appropriate.

Anti-inflammatory medication x6 weeks post-operatively: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter-Anti-inflammatory medications, NSAIDS.

Decision rationale: The ODG guidelines recommend anti-inflammatory medications in the lowest possible dose for the shortest possible time. They also caution recognition of the cardiovascular risk and for the risk of GI bleeding. Documentation does not disclose this consideration. The requested treatment: Anti-inflammatory medication x6 weeks post-operatively is NOT Medically necessary and appropriate.

Mild muscle relaxer medication x 2 weeks post-operatively: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter-Muscle relaxants.

Decision rationale: The ODG guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short term (less than two weeks) treatment of acute pain. This requested treatment is for two weeks. Documentation does not explain why this choice is necessary. The requested treatment: Mild muscle relaxer medication x 2 weeks post-operatively is not medically necessary and appropriate.

Pain medication x 2 weeks post-operatively: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: The California MTUS guidelines indicate the safest medication as an oral pharmaceutical is acetaminophen. The requested treatment does not list the provider's choice for the patient. The requested treatment: Pain medication x 2 weeks post-operatively is NOT Medically necessary and appropriate.

Non-narcotic pain medication x 4 weeks post-operatively: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

Decision rationale: The California guidelines note that studies have shown when NSAIDs have been used for more than a few weeks, they can retard bone, muscle and connective tissue healing. Documentation does not shown this consideration has been weighed in the request for non-narcotic pain medication. The requested treatment: Non-narcotic pain medication x 4 weeks post-operatively is NOT Medically necessary and appropriate.